

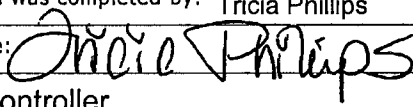
Telecommunications Carriers			
AUTHORIZED UTILITY REPRESENTATIVE FORM			
CERTIFICATED COMPANY INFORMATION			
Company Name: TriCoLink, Inc.		FEIN/SSN: _____	
DBA/FKA: TriCoLink		Telephone # _____	
Mailing Address: P.O. Box 217			
City: St. Matthews		State: SC	ZIP Code: 29135
ILEC	IXC	CLEC	Wireless ETC
REGISTERED AGENT INFORMATION			
Registered Agent: Chad Lowder			
Mailing Address: P.O. Box 217			
City: St. Matthews		State: SC	ZIP Code: 29135

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION			
General Manager			
Name: Chad Lowder			
Address: P.O. Box 217			
City: St. Matthews		State: SC	ZIP Code: 29135
Phone: 803-874-1300	Email: clowder@tce.coop		Fax: _____
Emergency Contact – Non Office Hours			
Name: Chad Lowder			
Phone: 803-682-3404	Email: clowder@tce.coop		Fax: _____
Customer Relations/Complaints Rep			
Name: Sherry Gilford-Greene			
Address: P.O. Box 217			
City: St. Matthews		State: SC	ZIP Code: 29135
Phone: 803-655-1010	Email: sgilfordtricolink@tce.coop		Fax: _____
Complaints Rep for Complaint Escalation			
Name: Michael Weeks			
Address: P.O. Box 217			
City: St. Matthews		State: SC	ZIP Code: 29135
Phone: 803-655-1016	Email: mweeks@tce.coop		Fax: _____
Customer Toll Free Contact Number: 877-546-5823			
Engineering Operations			
Name: Louis Arsenault			
Address: P.O. Box 217			
City: St. Matthews		State: SC	ZIP Code: 29135
Phone: 803-655-1030	Email: larsenaulttricolink@tce.coop		Fax: _____
Test and Repair			
Name: Louis Arsenault			
Address: Same as above			
City: _____		State: _____	ZIP Code: _____
Phone: _____	Email: _____		Fax: _____

RECEIVED
MAR 30 2022
PSCSC
Clerks Office

UTILITY REPRESENTATIVE INFORMATION			
Regulatory Officer			
Name & Title: Tricia Phillips, Controller			
Address: P.O. Box 217			
City: St. Matthews		State: SC	ZIP Code: 29135
Phone: 803-655-1020	Email: pphillipstricolink@tce.coop		Fax:
Annual Report Form Mailings			
Name & Title: Tricia Phillips, Controller			
Address: Same as above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Dual Party Invoice Mailings			
Name & Title: Tricia Phillips, Controller			
Address: Same as above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Universal Service Fund Mailings			
Name & Title: Tricia Phillips, Controller			
Address: Same as above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Gross Receipts Mailings			
Name & Title: Tricia Phillips, Controller			
Address: Same as above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Lifeline Contact			
Name & Title: Michael Weeks, Chief Administrative Officer			
Address: Same as above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:

FORM PREPARER INFORMATION	
This form was completed by: Tricia Phillips	
Signature: 	
Title: Controller	Date: 3/28/22

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
101 Executive Center Drive, Suite 100
Columbia, SC 29210

AND Office of Regulatory Staff
Attn. Kari Munn
1401 Main Street, Suite 800
Columbia, SC 29201